

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	9.b.		3/24/99
O.I.P.E. CLASSIFIER			3-51-9
FORMALITY REVIEW	D.B.	70014 5	4/7/99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	10/24	10/24
2	✓	✓	3/26/92
3	✓	✓	10/18/92
4	✓	✓	5/31/93
5	✓	✓	11/6/93
6	✓	✓	
7	0	✓	✓
8	0	✓	✓
9	✓	✓	✓
10	0	✓	0
11	0	✓	✓
12	0	✓	✓
13	✓	✓	✓
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25	✓	✓	✓
26	✓	✓	0
27	✓	✓	0
28	✓	✓	✓
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If more than 150 claims or 10 actions  
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